

Figure 2.—Aortogram showing fibromuscular hyperplasia in the left renal artery. An ischemic pattern was found on function study from the right kidney.

be assumed to be insufficiently occlusive to cause a perceptible decrease in renal blood flow, and, therefore, is probably not responsible for the patient's hypertension. Where no lesion is seen grossly on an aortogram, and yet an ischemic pattern is noted in function studies, multiple segmental or branch lesions may be limiting the overall decreased vascular supply to the kidney. It is unlikely that patients of this order should be treated surgically.

The situation that best points out the importance of performing both types of study is one where an ischemic pattern is noted in the kidney opposite a kidney in which a lesion has been noted aortographically. Figure 2 shows the aortogram of a ten-year-old boy who had had severe hypertension from the age of three months. The obvious lesion of the left renal artery was felt to be one of fibromuscular hyperplasia; the vasculature to the right kidney was grossly normal. Yet from the right kidney, an ischemic pattern was obtained.

In contrast to the excessive water-reabsorbing pattern characteristic of renal ischemia, a pyelonephritic kidney may excrete a greater fraction of its filtered water than the contralateral kidney. This may lead to possible false interpretation of an ischemic pattern for the normal kidney. Fortunately, a history of recurrent infections or a urographic examination will usually clarify the situation.

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Correction

Table 2 which appeared in the article, "Rubella and the Rubella Syndrome-New Epidemiologic and Virologic Observations," by Dorothy M. Horstmann, M.D., in the June issue of California Medicine contained erroneous entries. The corrected version follows:

TABLE 2.-Virus Isolation from Fetal Tissue Obtained at Induced Abortion

	Virus Isolations	
	Number Positive	Number Tested
< 2	2	3
2 - 3	4	5
4 - 5	2	4
6 - 7	1	3
8 - 9	1	1
> 9	0	2
Total isolations	. 10	18